

**AFFIDAVIT OF ELIGIBILITY FORM (DND AND COB  
FORM)**

## Affidavit of Eligibility

The undersigned hereby certifies, under the pains and penalties of perjury, that neither they, nor those with whom they have business ties, nor any immediate family member of the undersigned, is currently or has been within the past twelve (12) months, an employee, agent, consultant, officer or elected or appointed official of the City of Boston.

For purposes of this Affidavit, "immediate family member" shall include parents, spouse, siblings, or children, irrespective of their place of residence.

This statement is made under the pains and penalties of perjury this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

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APPLICANT

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CO-APPLICANT (IF APPLICABLE)



